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					Diane Wellcome (Depositor's name)					
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					Septem	ber	13,2	σο <u>8</u>	(Date)	
APPLICATION NO.	PLICATION NO. FILING DATE		FIRST NAMED INV		OR ATTORNEY D		EY DOCKET NO.	T NO. CONFIRMATION NO.		
10/748,343	10/748,343 12/29/2003		Anthony J. Li		1370.121US2			8134		
TITLE OF INVENTION: METHOD FOR TRACKING TRANSMISSION STATUS OF DATA TO ENTITIES SUCH AS PEERS IN A NETWORK										
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE	DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE T	OTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	\$1440		\$0	\$0		\$1440	(	09/12/2008	
EXAMINER		ART UNIT		CLASS-SUBCLASS	]					
TURNER, ASHLEY D		2154		709-207000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Cisco Technology, Inc.  San Jose, California										
Please check the appropriate assignce category or categories (will not be printed on the patent): 🗖 Individual 🗵 Corporation or other private group entity 🗖 Government										
4a. The following fee(s) are submitted:    Solution   S				b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0743 (enclose an extra copy of this form).						
5. Change in Entity Status				_						
a. Applicant claims Si NOTE: The Issue Fee and Pu interest as shown by the reco	ublication Fee (if requ	red) will not be	accomto	b. Applicant is no long from anyone other than the	ger claiming SMAL ne applicant; a regis	L ENTITY tered attor	status. Sec 37 Cl ney or agent; or th	R 1.27(g) c assignee	(2). or other party in	
Authorized Signature		1/25	wer	<del>/</del>	Date	9/1	2/200	8		
Typed or printed name	<u>Garth Vivie</u>	<u>r J -</u>			Registration No	57,	313			
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